

NEW HIRE

STATE OF MAINE
BUREAU OF HUMAN RESOURCES

COMPLETE TOP OF PAGE 1
ALL OTHER SECTIONS
FOR DEPARTMENT USE ONLY

EMPLOYEE NAME	SSN	BIRTH DATE	BUSINESS TELEPHONE
ADDRESS (Street, City, State, County, Zip)		SEX	HOME TELEPHONE
		ETHNIC GROUP/RACE	
		<input type="checkbox"/> 0. White <input type="checkbox"/> 1. Black <input type="checkbox"/> 2. Hispanic <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. American Indian <input type="checkbox"/> 5. Not Given <input type="checkbox"/> 6. Other _____	

PREVIOUS STATE EMPLOYMENT

COMPLETE THIS SECTION ONLY IF YOU HAVE BEEN PREVIOUSLY EMPLOYED BY THE STATE OF MAINE		UNDER WHAT NAME	
BEGIN DATE	END DATE	DEPARTMENT	JOB TITLE

*BELOW THIS LINE AND ON THE FOLLOWING PAGE
IS FOR DEPARTMENT USE ONLY*

POSITION ASSIGNMENT

CURRENT HIRE DATE	APPOINTMENT TYPE		APPOINTMENT END DATE	
CERTIFICATION NUMBER	VETERANS PREFERENCE		MARITAL STATUS	TYPE OF HIRE
CIVIL SERVICE STATUS	ORG 1	ORG 2	ORG 3	ORG 4
POSITION NUMBER	JOB CLASS TITLE		JOB CLASS CODE	

SALARY INFORMATION

PROBATION TYPE	PROBATION BEGIN/END DATES	SHIFT
SALARY SPEC	SALARY GRADE	SALARY STEP

AUTOMATIC SPECIAL PAYS

PAY NUMBER	PAY TITLE	HOURS	RATE/AMOUNT

**IF THE EMPLOYEE'S SALARY IS REDLINED OR THE SALARY AMOUNTS CANNOT BE IDENTIFIED BY
A SALARY SPEC, GRADE OR STEP, ENTER THE FOLLOWING SALARY INFORMATION**

REDLINED SALARY	ANNUAL SALARY	BIWEEKLY SALARY	HOURLY RATE
A ABOVE B BETWEEN U UNDER P PRORATED			
<i>Please Circle</i>			

EMPLOYEE INFORMATION

DEPARTMENT NAME/PROC. CO.	EMPLOYEE LOCATION/MCD CODE	DATE IN CURRENT DEPARTMENT
EFFECTIVE DATE IN JOB CLASS	ORIGINAL HIRE DATE	LONGEVITY DATE
SENIORITY DATE	DATE NEXT PERFORMANCE EVALUATION	NEXT SALARY REVIEW

APPROVALS

DEPARTMENT	DATE	BUREAU OF HUMAN RESOURCES	DATE